

Patient Satisfaction Survey for HIV Ambulatory Care

New York State Department of Health
AIDS Institute



Community Health Cell
Library and Information Centre

367, " Srinivasa Nilaya "

Jakkasandra 1st Main,

1st Block, Koramangala,

BANGALORE - 560 034.

Phone : 5531518 / 5525372

e-mail:sochara@vsnl.com

Patient Satisfaction Survey for HIV Ambulatory Care (PSS-HIV)

New York State Department of Health
AIDS Institute

March 2002

This publication was supported by grant number 2 H89 HA 00015-11 from the U.S. Health Resources and Services Administration (HRSA). This grant is funded through Title I of the Ryan White Comprehensive AIDS Resources Emergency Act of 1990, as amended by the Ryan White CARE Act Amendments of 2000, through the New York City Department of Health to the Medical and Health Research Association of New York City, Inc. Its components are solely the responsibility of Health Research, Inc. and do not necessarily represent the official views of the funders.

Patient Satisfaction
Survey for HIV
Ambulatory Care
(PSS-HIV)

STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Antonia C. Novello, M.D., M.P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

March 21, 2002

Dear Colleague:

We are pleased to present you with the Patient Satisfaction Survey for HIV Ambulatory Care (PSS-HIV), a new assessment tool for your HIV quality improvement program. The survey represents a unique opportunity to capture the "voices" of patients.

The survey has been designed specifically for HIV primary medical care and includes five optional modules covering special services - case management, outpatient substance use services, mental health services, women's health services, and Medicaid managed care. The development of this survey included feedback from multiple focus groups with HIV-positive patients and their providers and participating HIV programs for field-testing across New York State.

We would like to recognize John Chin, Ph.D. and Haftan Eckholdt, Ph.D. in collaboration with Marta Siberio for their work on this project and to acknowledge Nancy Brandt for her work on an earlier version of the satisfaction survey. We would also like to convey our sincere appreciation to those who participated in focus groups.

We hope that the Patient Satisfaction Survey engages you and your patients in a meaningful dialogue and becomes a useful source of information for your quality improvement program.

Should you have any questions regarding this survey, please contact Clemens Steinböck, MBA, Director for Quality Initiatives at the AIDS Institute at 212-268-6108 or via email at cms18@health.state.ny.us.

Sincerely,



Bruce D. Agins, M.D., M.P.H.
Medical Director
AIDS Institute

New York State Department of Health
AIDS Institute

Guthrie Birkhead, M.D., M.P.H.
Director

Gloria Maki
Executive Deputy Director

Bruce D. Agins, M.D., M.P.H.
Medical Director

Humberto Cruz, M.A.
Director of HIV Health Care

Office of the Medical Director,
HIV Quality of Care Program

Bruce D. Agins, M.D., M.P.H.
Medical Director

Robert N. Gass, M.A., M.P.H.
Director, HIV Guidelines Program

William O'Malley
Quality of Care Program Manager

Clemens M. Steinböck, M.B.A.
Director of Quality Initiatives

Bureau of HIV Ambulatory Care Services

Roberta Glaros
Director, Bureau of HIV Ambulatory Care Services

Jeffrey Rothman
Assistant Director, Bureau of HIV Ambulatory Care Services

Lisa Roland-Labiosa
Section Director, Primary Care Services

Diane Rudnick
Section Director, Substance Use Services

Marc Slifer
Associate Director, Substance Use Services

Provider Instructions

Table of Contents

Introduction	9
Overview of Satisfaction Survey	9
How to Administer the Survey	11
Step 1: Build support among staff members.	11
Step 2: Create a sampling plan.	11
Step 3: Create a survey administration plan.	13
Step 4: Prepare patients and staff for survey administration	15
Step 5: Administer the survey	16
What Comes Next	17
Analyze Data	17
Disseminate the Results.	17
Incorporate Results into Improvement Initiatives	18
Bibliography.	19

Satisfaction Survey	21
Core Survey for HIV Ambulatory Care (English)	23
Modules for HIV Ambulatory Care (English)	29
Case Management Module	29
Outpatient Substance Use Treatment Module	31
Mental Health Services Module	33
Women's Health Care Module	35
Medicaid Managed Care Module	37
Core Survey for HIV Ambulatory Care (Spanish)	39
Modules for HIV Ambulatory Care (Spanish)	45
Case Management Module	45
Outpatient Substance Use Treatment Module	47
Mental Health Services Module	49
Women's Health Care Module	51
Medicaid Managed Care Module	53

Introduction

Patient satisfaction has recently emerged as an important measure of the quality of health care delivery, right alongside the more traditional health status measurements and quality of life indicators. This is based largely on the discovery that patients with higher satisfaction levels often make important behavioral changes, including:

- Maintaining more stable relationships with health care providers.
- Complying more closely with medical advice and treatment.
- Keeping appointments.

Patients with higher satisfaction levels may also have improved health outcomes.

Many HIV providers have been measuring patient satisfaction at their HIV programs for some time. Others are just beginning. Measuring patient satisfaction will help you to:

- Strengthen communication and build relations with your patients.
- Assess the strengths and weaknesses of your HIV program from the patients' perspective.
- Focus your quality improvement efforts.
- Create baseline data against which to measure changes in patient satisfaction.

Taken together, these outcomes represent key opportunities to make and monitor the changes required to achieve some important goals: improving patient satisfaction and improving care overall.

Overview of Satisfaction Survey

There are several ways to collect feedback from patients regarding their satisfaction with care.

The survey method was selected for two reasons:

- It does not require an excessive amount of time or resources to administer.
- It allows patients to remain anonymous, which may result in more open and honest feedback.

This satisfaction survey is unique in that it was created specifically for HIV ambulatory care. To this end, feedback was solicited from HIV patients and providers across New York State throughout the development process. In addition, the survey underwent a rigorous validation process to help make sure that each item measures the aspect of patient satisfaction intended.

The patient satisfaction survey consists of a core survey, which covers the basic HIV medical visit, and five modules, which address case management, outpatient substance use services, mental health services, women's health services, and Medicaid managed care. While the core survey is applicable to all HIV-positive patients in your program, the additional modules are designed for specific services relevant to HIV care. You may administer any combination of the modules, or none at all, based on whether your clinic offers the services and whether you're interested in collecting the data. Both the core survey and all five modules are available in English and Spanish.

The next section outlines a step-by-step process for administering the satisfaction survey. Review this section in its entirety before giving the survey to your patients. While you may tailor the process to meet your facility's particular needs, it is important to observe certain strategies — those marked with a star (★) — regarding how to sample patients and how to offer them the survey. In doing so, you will help ensure that the data you collect is representative of your patients' views.

Once your data are collected, it is vital that you share the information and incorporate the results into your quality improvement initiatives. The final section of the Provider Instructions discusses a broad approach to these crucial steps.

Note: For more detailed information on measuring patient satisfaction please review the bibliography at the end of this document. To access the extensive literature review on this topic, you can either download the information from the internet (www.hivguidelines.org) or call the AIDS Institute at 212-268-6108.

How to Administer the Survey

There are five primary steps to administering the patient satisfaction survey:

- Build support among staff members.
- Create a sampling plan.
- Create a survey administration plan.
- Prepare patients and staff for survey administration.
- Administer the survey to patients.

Each step is described in detail below. The discussion begins with background information followed by a “how to” task list for completing the step. While all of the tasks are critical to successful survey administration, those tasks marked with a star (★) are absolutely essential to collecting accurate and meaningful data.

Step 1: Build support among staff members.

The overall effectiveness of the patient satisfaction survey hinges on the cooperation and support of your staff. Staff members play a critical role in administering the survey, assisting with data analyses, and incorporating results into your quality improvement initiatives. Although it may be possible (though cumbersome) to administer the survey, it may be nearly impossible to implement the changes typically required to improve patient satisfaction without staff support of the effort.

Explain the survey’s basic purpose to staff members.

Meet with your staff to introduce the measurement effort. The discussion should be incorporated into a regularly scheduled staff meeting, if possible, and need not be lengthy or elaborate. Simply make the

following points:

- The purpose of the survey is to confirm what the facility does well and to identify opportunities for improvement.
- The survey will NOT be used as a tool to evaluate individual employee performance but, rather, to assess the performance of the care system as a whole.

Provide an overview of the survey administration process.

Briefly describe how the survey will be administered, utilizing the information provided in Steps 2 through 5. If you have already chosen particular staff members to assist you with the process, introduce them at this time.

Step 2: Create a sampling plan.

In theory, the patient satisfaction survey could be administered to every patient who walks through your doors during the next year. This method would certainly ensure a broad representation of patient opinions; however, it is hardly realistic given the volume of patient caseloads and limited resources many care facilities now face.

Sampling allows you to make inferences about a large group (total population) based on observations of a smaller subset of that group (sample). For the purposes of this survey, there are three primary goals related to sampling:

- Distribute the surveys across time.
- Acquire enough surveys to draw meaningful conclusions.
- Reduce the bias that results when participation is dictated by self-selection.

★ **Decide when to administer the survey.**

The survey should be administered two times per year, for about a month each time, with six months between each administration. Do not administer all of the surveys on the same day. One single day will not accurately represent the experience of care at your facility.

To reduce bias created by administering the survey at a particular time of year, we suggest that you begin with the month represented by the last digit of your site zip code. For example, if your site resides in the

11215 zip code, then you would plan to administer the survey during the month of May and then six months later in November, as shown in Figure 1 below.

★ **Set a goal for annual sample size.**

Figure 2 outlines the minimum number of surveys you must collect per year based on your caseload of HIV-positive clients.

Once you have identified the sample size, you know how many surveys need to be collected at a mini-

Figure 1:
When to Administer the Survey

Last Digit of Your Site Zip Code	First Measurement Month	Second Measurement Month
XXXX1	January	July
XXXX2	February	August
XXXX3	March	September
XXXX4	April	October
XXXX5	May	November
XXXX6	June	December
XXXX7	July	January
XXXX8	August	February
XXXX9	September	March
XXXX0	October	April

Figure 2:
Minimum Sample Size by Caseload Per Year

HIV Program Caseload	Minimum Sample Size
Less than 50	All Patients up to 30
51-100	40
101-500	75
501-1000	100
More than 1000	125

mum during each month of administration (i.e. a provider with 125 patients should collect 75 surveys per year or about 38 surveys during each month of administration).

Keep in mind that the collection of more surveys than designated by the minimum sample size will increase the precision of your findings.

★ **Decide who will be offered the survey during designated months.**

If your minimum sample size is 100, we suggest that the first five patients scheduled on Monday, Wednesday, and Friday of the designated months be invited to fill out a satisfaction survey. This means that you will offer the survey to 15 patients per week and 60 patients per month—slightly higher than the 50 patient minimum, but this will help to compensate for any weeks with lower patient participation. Alternatively, sites with very high patient volumes may offer the survey to everyone who comes to the clinic during one week of the designated months.

If your minimum sample size is less than 100, you should offer the survey to everyone who comes to the clinic during a given month.

Step 3: Create a survey administration plan.

The survey administration plan is your blueprint for how staff members should offer and distribute the survey to patients. The plan must address:

- When the survey will be offered to patients.
- Which survey modules, if any, will be administered along with the core survey.
- Who will offer and distribute the survey to patients.
- What staff members will say when offering the survey.
- What staff members will say when distributing the survey.
- How surveys will be collected.

The outcome of this step becomes the foundation for training designated staff members on how to administer the survey in Step 4.

Decide when the survey will be offered to patients.

We suggest approaching patients to complete the survey while they are waiting for an appointment.

Decide which survey modules to administer, if any, along with the core survey.

In addition to the core survey, you may administer any combination of the modules, or none at all, based on whether your clinic offers the services and whether you're interested in collecting the data. (Please note: While the Medicaid managed care module is designed for sites that actually run Medicaid managed care plans, it can be used by other sites that are interested in their patients' experience with Medicaid managed care as a way of better understanding barriers to and facilitators of care.)

Select the staff member(s) who will offer the survey to patients.

It is important for specific staff members to be accountable for identifying and approaching the patients who will be offered the survey on any given day. Selected staff members should have a relatively strong rapport with clients and the flexibility to remain available for questions as patients complete the survey.

★ **Write down what staff members should say when offering the survey.**

Create a script of points that staff members **MUST** cover when offering the survey to patients. At a minimum, the following points should be addressed:

- Purpose of the survey. The primary purpose of the survey is to better understand how patients feel about their care and to get ideas for how to improve care.

- **Anonymity.** Patients who participate will remain anonymous
- **Option to decline.** Patients have the right to refuse participation for any reason and are guaranteed the same level of care as those who agree to participate.
- **Incentives, if any.** You may wish to provide incentives to patients (e.g. movie tickets, gift certificates, food vouchers, transportation vouchers, etc.) to encourage them to complete the survey.

Figure 3 provides a sample script for offering the survey to patients.

If a patient chooses not to complete the survey, staff members should simply offer the survey to the next scheduled appointment until reaching the quota for the day.

Decide how to collect completed surveys.

To emphasize the anonymity of the survey process, we suggest giving patients an envelope in which to seal their completed surveys. If you are offering an

incentive, patients should return the envelope to a designated staff member before receiving the incentive. If you are not offering an incentive, you may choose to have a box in which patients are instructed to drop their completed surveys.

Write down what staff members should say when distributing the survey.

Once a patient has agreed to complete the survey, staff members should distribute the core survey, survey modules (if any), and return envelope to the patient, and address the following points:

- **Importance of feedback.** The patient's feedback, both positive and negative, is of great importance to the facility; negative comments will not be used against the patient.
- **Anonymity.** The survey is completely anonymous.
- **Survey modules.** The patient should complete the core survey and only those modules that apply to him or her.
- **Return instructions.** The survey should be sealed in the envelope provided and returned to a designated staff member/drop box.

Figure 3:
Sample Script for Offering Survey to Patients

Main Point	Sample Script
Purpose of survey	"We'd like to know how you feel about the quality of your care here. Your answers to the questions will help us understand what works and what doesn't, and how we can improve our services for you and others."
Anonymity	"If you choose to participate, your survey will remain completely anonymous."
Option to decline	"Your participation in this survey is completely voluntary. If you choose not to participate, your services will not be affected in any way."
Incentive, if any	"If you're interested in participating, we'd like to offer you _____ to show our appreciation once you turn in a completed survey."

Figure 4 provides a sample script for distributing the survey to patients.

Decide how to help patients who cannot complete the survey alone.

Technically, the patient satisfaction survey is designed to be completed independently. However, accommodations should be made for patients hindered by poor eyesight, an inability to read, or any other limitation that prevents them from completing the survey alone. But keep in mind that when the survey is administered through an interview, patients are more likely to feel that they can't express themselves freely.

In these cases, make your best effort to find a person who is not directly involved in patient care to administer the survey to the patient, e.g., a peer educators, receptionist, etc. At the end of the survey, there is a question asking if the patient received help in completing the survey. By indicating this, it will be possible to control for any bias that administering the survey through interview may have created.

Step 4: Prepare patients and staff members for survey administration.

Before launching the satisfaction survey, train staff members on the survey administration process and let patients know what to expect.

Train designated staff members on how to administer the survey.

Based on the plan created in Step 3, schedule a one-hour training session to walk designated staff members through the survey administration process.

During the session, distribute the survey materials and explain:

- When the survey should be offered to patients.
- Who is responsible for offering and distributing the survey to patients.
- What staff members should say when offering the survey.
- What staff members should say when distributing the survey.

Figure 4:
Sample Script for Distributing Survey to Patients

Main Point	Sample Script
Importance of feedback	<p>"Your feedback is important to us. It will help us understand areas where we're doing well and areas where we could improve."</p> <p>"There are no right or wrong answers to the questions, and your responses will not affect your eligibility to receive services in any way."</p>
Anonymity	<p>"Your responses will remain private and completely anonymous so please speak your mind."</p>
Survey modules	<p>"Please complete the entire core survey, but only the modules that apply to you."</p>
Return instructions	<p>"Once you are finished, please put the survey in the envelope, seal it, and return it to _____."</p>

- How surveys should be collected.

If time permits, consider some additional training activities to help increase staff members' comfort with the process:

- Role play: Assume the role of patient and ask a staff member to approach you with the survey. Practice a full range of scenarios with the staff member. For example, you could play a patient who agrees to participate; alternatively, you can ask several questions before making a decision.
- Question and answer: Review each survey question together in order to surface any questions and/or difficulties that patients may have with certain sections or question types.

Promote the satisfaction survey to patients.

To avoid catching patients off guard, try to alert them to your data collection effort before they are approached with a survey. Utilize your facility's existing communication channels, such as waiting-room posters, flyers, or newsletters. In simple terms, explain that:

During x months, some patients will be asked at random to complete an anonymous survey about their satisfaction with care at the facility.

The survey results will be used to help improve the facility's quality of care.

Step 5: Administer the survey.

An important note about HIV confidentiality. Please make sure that HIV-positive patients' confidentiality is not compromised in the survey process. In general, make sure that you provide privacy for patients to fill out the survey. This will both protect confidentiality and ensure a more honest response. Another strategy for programs that serve HIV-negative clients as well is to place a neutral cover page on top of the survey when distributing it.

During survey administration, check in regularly with staff members to ensure that you are collecting enough surveys and to address any glitches in the process. It may be necessary to periodically remind designated staff members to remain attentive to the process, both in seeking out patients to complete the survey and providing assistance when needed.

At a minimum, meet with the administration staff after the first full month to assess what went well and what could be changed to facilitate the next round of surveys.

What Comes Next

Patient satisfaction data do not produce more satisfied patients. When acted upon, however, those same data become a powerful tool for making the changes required to improve your patients' satisfaction with their care. This section describes what to do next to transform the wealth of information you have collected into an action plan for improvement:

- Analyze the data.
- Disseminate the results.
- Incorporate results into quality improvement initiatives.

Analyze the data

For the purposes of this survey, data analysis requires that you convert individual patient responses into cumulative percentages which may be compared to one another and tracked over time. The conversion may be achieved by entering data into the Microsoft Access database provided by the AIDS Institute or another in-house database program, or calculating the percentages manually.

There are distinct advantages to using a database package such as Microsoft Access. First, a database performs time-consuming calculations for you. Second, it allows you to "query" data to see how different responses relate to one another, such as how many women responded to a question in a given way, or whether patients who rated their health higher were more or less satisfied than patients who rated their health lower. With these capabilities, you and your staff spend less time crunching numbers and more time assessing the meaning of your survey results.

The database, which was especially programmed for

this purpose, can be downloaded from the internet (www.hivguidelines.org), or a CD can be obtained by calling the AIDS Institute at 212-268-6108.

How to use the Access database

To enter data in the Access database, follow these steps (also see the specific instructions provided when you acquire this special database):

- Give each completed survey a unique number identifier.
- Open the Access database. Go to the "Forms" section and open the form.
- In the "Survey ID" field, enter the first survey number.
- In the "Date" field, enter the date on which the survey was completed.
- In each question field, use the drop-down menus to enter the appropriate response to each question.
- Repeat Steps 3-5 until all data have been input.

When finished entering data, go to the "Reports" section and open the reports you would like to view to understand the results of the survey.

Disseminate the results

Too often, patients and staff members alike become disillusioned with quality improvement efforts that fizzle out before producing recognizable improvements. By distributing results to both patients and staff, you will demonstrate the efforts being made to transform data into action.

Begin by summarizing and displaying your data. Whenever possible, put your results into graphic forms such as tables, bar charts, or pie charts. Graphic data displays help to convey question outcomes at-a-glance. Use text sparingly for background and/or explanatory information.

Next, present the data in person. While written results may appear to require less time, they offer no guarantee that either patients or staff will look at them, making the effort a potential waste of time. A presentation, on the other hand, will give you the opportunity to highlight what you and your team have accomplished and to explain the next steps in the process.

When planning the presentation, write down the one or two most important items you'd like to communicate during the meeting. Utilize your staff members to test different presentation strategies and find the most effective style for your audience.

Incorporate results into improvement initiatives

Once you have successfully compiled your survey results, the next task is ahead of you. The key to quality improvement is identifying causes affecting your performance and changing systems of care to make improvements. Your survey results are an important source of information regarding potential problems with care. If you're lucky, you already have a hunch as to what the specific causes are and can begin consulting with your staff to resolve them.

The implementation of a quality improvement project requires a new set of tools. The bibliography lists resources that will get you started. But remember, at this point you have mastered the measurement of patient satisfaction, and this knowledge will help you to track your improvements over time.

Bibliography

Patient Satisfaction

Hall, J., and Dornan, M. Meta-Analysis of Satisfaction with Medical Care: Description of Research Domain and Analysis of Overall Satisfaction Levels. *Social Science and Medicine*; 27(6): 637-644; 1988.

Hall, J. and Dornan, M. Patient Sociodemographic Characteristics as Predictors of Satisfaction with Medical Care: A Meta-Analysis. *Social Science and Medicine*; 30(7): 811-818; 1990.

Inui, T. and Carter, W. Problems and Prospects for Health Services Research on Provider-Patient Communication. *Medical Care*; 23(5): 521-538; 1985.

Linn, L. Factors Associated with Patient Evaluation of Health Care. *Health and Society. Milbank Memorial Fund Quarterly*; 4: 531-548; 1975.

McDaniel, C. and Nash, J. Compendium of instruments measuring patient satisfaction with nursing care. *Quality Review Bulletin*; 182-188; 1990.

Sitzia, J. and Wood, N. Patient Satisfaction: A Review of Issues and Concepts. *Social Science and Medicine*; 45: 1829-1843; 1997.

Ware, J. and Hays, R. Methods for Measuring Patient Satisfaction with Specific Medical Encounters. *Medical Care*; 26: 393-402; 1988.

Quality Improvement

Graham, NO. *Quality in Health Care: Theory, Application, and Evolution*. Gaithersburg, MD: Aspen Publications; 1995.

Langley GL, Nolan KM, Nolan TW, Norman CL, Provost LP. *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance*. San Francisco, CA: Jossey-Bass Publishers; 1996.

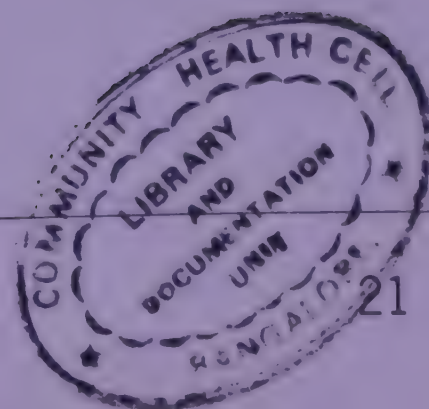
Leebov, W., and C.J. Ersoz. *The Health Care Manager's Guide to Continuous Quality Improvement*. American Hospital Association; 1991.

Meler K, Benson C. *An Awareness Training in the Concepts of Quality Management*. Brentwood, Tenn: Executive Learning Inc; 1993.

Walton M. *The Deming Management Method*. New York: Putnam Publishing; 1986.

Patient Satisfaction Survey for HIV Ambulatory Care (PSS-HIV)

7



Patient Satisfaction Survey for HIV Ambulatory Care (PSS-HIV)

Following each statement or question, please mark the box that best matches your answer or opinion. Please mark only one box for each question, unless other instructions are given.

If a statement does not apply to you because you did not encounter the situation described, or did not need or receive a service, please check "does not apply."

Please answer the questions based on your experiences over the last year (12 months). If you have been coming here for less than 12 months, answer the questions based on your experiences since you started coming here.

Your answers to questions about providers should express your general feeling about all of the people who have provided you with medical care over the past year.

Your responses will remain private and completely anonymous, so please, speak your mind.

Definition of Terms

Staff:

non-medical people (like the receptionist) whom you see when you come for a visit.

Providers:

doctors, physician's assistants, nurse practitioners or nurses who give you medical care.

1. I have received medical care here for . . .

- ☐ Less than 1 year ☐ 1 to 2 years ☐ 3 to 5 years ☐ more than 5 years

2. My last visit here was . . .

- ☐ Less than 1 month ago ☐ 1 to 2 months ago ☐ 3 to 6 months ago ☐ More than 6 months ago

3. I would rate my health today as . . .

- ☐ Poor ☐ Fair ☐ Good ☐ Very good ☐ Excellent

Access To HIV Care (In the last 12 months...)

4. Did you ever call the clinic to make an appointment or speak with someone about your care?

- ☐ Yes ☐ No (If No, go to Question 5)

If Yes, what was it like when you called the clinic? (please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> I got a busy signal | <input type="checkbox"/> The person who answered the phone was unfriendly |
| <input type="checkbox"/> I was put on hold too long | <input type="checkbox"/> I talked to several different people before talking to the right person |
| <input type="checkbox"/> I was disconnected | <input type="checkbox"/> I don't like to call because a machine always answers |
| <input type="checkbox"/> I left a message and no one called me back | <input type="checkbox"/> I got the help I needed |
| <input type="checkbox"/> The phone rang many times before it was answered | <input type="checkbox"/> Other _____ |

5. When I needed an appointment, I could schedule one soon enough for my needs.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

6. My providers told me how important it was to keep my appointments.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

7. If I needed care during off hours (evenings and weekends), I could reach someone at the clinic who could help me.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

8. If I had a medical question, I could get someone on the phone to discuss it with me.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

Waiting For Your Appointment (In the last 12 months...)

9. While I checked in and waited for my visit, the staff were unfriendly to me.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

10. HIV-specific educational materials were available for me to read.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

11. I was upset by how long I had to wait for my appointment.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

Your HIV Medical Visit (In the last 12 months...)

12. When I saw my providers, my visits got interrupted (by phone calls, other patients, etc.).

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

13. My providers made sure I understood what my lab test results (such as CD4 and viral load) meant for my health.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

14. I wanted my providers to spend more time with me.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

15. I had questions that I wanted to ask my providers about my HIV care but did not ask.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

16. I felt uncomfortable talking about personal or intimate issues with my providers.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

17. I wanted to be more involved in making decisions about my health care.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

18. If I had a complaint about my medical care, my providers would ignore it.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

19. When I asked my providers questions about my HIV care, it was hard to understand their answers.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

20. I found my providers to be accepting and non-judgmental of my life and health care choices.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

21. It was hard for me to get my HIV medication prescriptions filled when I needed them.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

22. My providers explained the side effects of my HIV medications in a way I could understand.

☐ Yes ☐ No ☐ Not Sure

23. My providers suggested ways to help me remember to take my HIV medications.

☐ Yes ☐ No ☐ Not Sure

24. My providers explained to me what kinds of medical tests I should be getting and how often I should get them.

☐ Yes ☐ No ☐ Not Sure

25. My providers explained to me how to avoid getting sick.

☐ Yes ☐ No ☐ Not Sure

26. My providers talked to me about how to avoid passing HIV to other people and how to protect myself from getting infected again with HIV.

☐ Yes ☐ No ☐ Not Sure

27. My providers talked to me about how to protect myself from getting Hep C or how to avoid passing it on to others if I already had it.

☐ Yes ☐ No ☐ Not Sure

Referrals (In the last 12 months...)

28. My providers or case managers asked me about my life situation (housing, my finances, etc.), and made a referral if I needed help.

☐ Yes ☐ No ☐ Not Sure

29. My providers or case managers asked me how I was feeling emotionally and made a referral to a mental health provider, counselor or support group if I needed help.

☐ Yes ☐ No ☐ Not Sure

30. My providers asked about my teeth and made a referral if I needed to see a dentist.

☐ Yes ☐ No ☐ Not Sure

31. My providers asked me about how I am eating and made a referral to a nutritionist if I needed help.

☐ Yes ☐ No ☐ Not Sure

32. My providers asked me whether I needed help to tell my sexual partners about my HIV status and made a referral if I needed help.

☐ Yes ☐ No ☐ Not Sure

33. My providers asked me about my drug and alcohol use and made a referral if I needed help (*answer only if you are not receiving care at a drug treatment center*).

☐ Yes ☐ No ☐ Not Sure

34. I was able to get the services that my provider referred me to.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

35. If there were times you did not get the services you were referred to, please describe the reasons:

Overall Quality of HIV Care (In the last 12 months...)

36. I would rate my providers' knowledge of the newest developments in HIV medical standards as . . .

☐ Excellent ☐ Very Good ☐ Average ☐ Fair ☐ Poor ☐ Not Sure

37. When I think about my care at this clinic, these words come to mind (check all that apply):

☐ Excellent ☐ Adequate ☐ Terrible ☐ OK ☐ Poor ☐ Busy ☐ Personal ☐ Caring ☐ Friendly ☐ Safe
☐ Rushed ☐ Impersonal ☐ Cold ☐ Warm ☐ Dignified ☐ Respectful ☐ Humiliating ☐ Scary
☐ Understanding ☐ Other (please write in) _____

38. I would rate the quality of care at this clinic in comparison to other clinics I know about as...

☐ Much Better ☐ Better ☐ The Same ☐ Worse ☐ Much Worse ☐ Not Sure

39. I would recommend this clinic to my HIV-positive friends with similar needs.

☐ Definitely Yes ☐ Maybe ☐ Definitely Not ☐ Not Sure

40. At any point, did you feel treated poorly at your clinic?

☐ Yes ☐ No (If "No," Skip to Question 41)

If "Yes," please help us understand why by checking any of the reasons you feel may have caused you to be treated poorly.

My Race	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
My Age	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
My Gender/Sex	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
My Sexual Orientation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
My Drug Use	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I am not using drugs
My Immigration Status	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
My Difficulty Speaking English	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Other (please specify) _____			

41. I got services in the language I wanted.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

42. I did not get the medical care I needed because I could not pay for it.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

43. I thought about leaving this clinic to find better care somewhere else.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

44. The staff and my providers kept my HIV status confidential.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

Improvements

45. What would you add or change to make the clinic a better place for yourself and other patients?

46. Is there anything else that you would like to say about your HIV care at this clinic?

A Little Information About You

These questions are being asked to make sure we are hearing from all kinds of patients.

47. I have family members, friends, or professionals who give me a lot of support.

- ☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly disagree

48. My sex/gender is...

- ☐ Female ☐ Male ☐ Transgender (M to F) ☐ Transgender (F to M)

49. My sexual orientation is...

- ☐ Straight/heterosexual ☐ Gay/lesbian/homosexual ☐ Bisexual ☐ Not sure

50. My racial/ethnic background is . . . (please check all that apply)

- ☐ African American/Black ☐ Hispanic/Latino ☐ Asian/Pacific Islander ☐ Native American/Alaska Native ☐ White
☐ Other (please specify) _____

51. My age is...

- ☐ Below 20 ☐ 20 to 29 ☐ 30 to 39 ☐ 40 to 49 ☐ 50 to 59 ☐ 60 to 69 ☐ 70 or above

52. I have completed this survey ...

- ☐ By myself, with no help ☐ With some help from the clinic staff
☐ With someone reading the survey to me and filling it out based on my answers

Thank you for taking the time to complete this survey.

There may be additional pages attached which ask you about case management services, substance use services, mental health services, women's health services, and Medicaid managed care.

When you are finished, please return the survey to the person or place designated by the clinic.

Case Management Module

Did you receive Case Management services here in the last year?

☐ Yes ☐ No

If "Yes," please complete this section. If "No," please skip this section.

This section is about the case management services you received here. Please answer these questions based on your experiences over the last 12 months. If you have been coming here for less than 12 months, answer the questions based on your experiences since you started coming here.

Definition of Terms

Case Manager: case manager, case worker, case technician, or social worker who provided you with case management services.

In the last 12 months ...

1. I got case management services here from: (please check all that apply)

☐ Case manager ☐ Social worker ☐ Drug treatment counselor ☐ Nurse
☐ Other (please specify) _____ ☐ Not Sure

2. My case manager went over my service plan and updated it with me every 3 months.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

3. When I needed an appointment, I could see my case manager soon enough for my needs.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

4. My case manager helped me get services both here and, if needed, at other places.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

5. My case manager was able to work quickly to get me what I needed.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

6. My case manager was good at showing me how I could help myself.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

7. My case manager was responsible and professional.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

8. I found it hard to talk to my case manager.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

9. I felt comfortable sharing my feelings and problems with my case manager.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

10. I wanted my case manager to spend more time with me to help me with my problems.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

11. I wanted to be more involved in making decisions about my service plan and goals.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

12. My case manager involved my family and friends in my care as much as I wanted.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

13. I felt I would get in trouble if I disagreed with or complained about my case manager.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

14. Overall, my life ran more smoothly because of the help I got from my case manager.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

15. My case manager and my HIV medical care providers worked together to help me.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

16. If I knew someone who was HIV-positive and needed a case manager, I would refer her or him to this program for help.

☐ Definitely Yes ☐ Maybe ☐ Definitely Not ☐ Not Sure

17. Overall, I am satisfied with the case management services I received over the past 12 months.

☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree

18. What would you change to make the case management program better for yourself and other clients?

Outpatient Substance Use Treatment Module

Did you receive substance use services here in the last year?

☐ Yes ☐ No

If "Yes," please complete this section. If "No," please skip this section.

This section is about the substance use treatment services you received here for alcohol or drug use. Please answer these questions based on your experiences over the last 12 months. If you have been coming here for less than 12 months, answer the questions based on your experiences since you started coming here.

In the last 12 months ...

1. When I needed an appointment, I could see my substance use counselors soon enough for my needs.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

2. My substance use counselors were responsible and professional.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

3. My substance use counselors knew about both substance use and HIV.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

4. I found it hard to relate to my substance use counselors.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

5. The program rules were enforced fairly by the staff.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

6. I felt I would get in trouble if I disagreed with or complained about my substance use counselors.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

7. I wish that the classes I went to had taught me more about taking care of myself.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

8. I was afraid to be seen going for HIV services in the facility.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

9. My substance use counselors, case manager, and HIV medical providers worked together to help me.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

10. I wanted to have more time in *group* therapy to meet my needs.

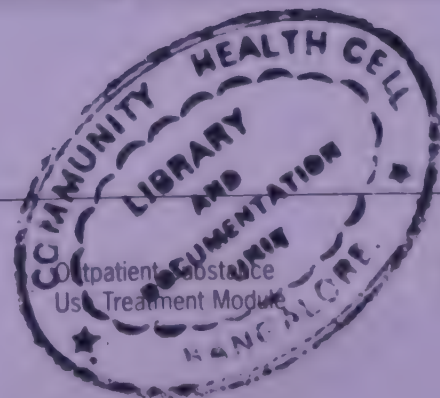
☐ Yes ☐ No ☐ Does Not Apply

11. I wanted to have more time in *individual* therapy to meet my needs.

☐ Yes ☐ No ☐ Does Not Apply

12. If I relapsed, my substance use counselors explained ways to reduce the harm of drug use.

☐ Yes ☐ No ☐ Does Not Apply



-
13. If I needed it, my substance use counselors helped me to get into a residential drug treatment program.
- ☐ Yes ☐ No ☐ Does Not Apply
14. My substance use counselors understood where I was with my recovery and helped me to reduce or eliminate my drug use.
- ☐ Yes ☐ No ☐ Not Sure ☐ Does Not Apply
15. My substance use counselors explained to me in a way I could understand how my substance use treatment (for example, methadone) and my HIV medications might interact.
- ☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree ☐ Does Not Apply
16. My substance use counselors helped me to achieve my substance use treatment plan goals.
- ☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree ☐ I didn't have a treatment plan
17. Clients should have had more help in transitioning out of the program.
- ☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree ☐ Don't Know
18. The program helped me to feel better about myself.
- ☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree
19. The program helped me to reduce my substance use.
- ☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree
20. If I knew someone who was HIV-positive and had a substance use problem, I would refer her or him to this program for help.
- ☐ Definitely Yes ☐ Maybe ☐ Definitely Not ☐ Not Sure
21. Overall, I am satisfied with the substance use services I received over the past 12 months.
- ☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree
22. Please answer this question only if you are in a methadone maintenance program:
The dispensing line was too slow.
- ☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply
23. What would you change to make the substance use treatment program better for yourself and other clients?
-
-
-

Mental Health Services Module

Did you receive mental health services here in the last year?

☐ Yes ☐ No

If "Yes," please complete this section. If "No," please skip this section.

This section is about the mental health services you receive here. Please answer these questions based on your experiences over the last 12 months. If you have been coming here for less than 12 months, answer the questions based on your experiences since you started coming here.

Definition of Terms

Mental Health Providers: your therapist, psychiatrist, psychologist, nurse, social worker, or any other licensed professional who provided you with mental health services.

Mental Health Services: includes individual therapy, group therapy, or prescribing psychiatric medications.

In the last 12 months...

1. I got mental health services here from: (please check all that apply)

☐ Psychiatrist ☐ Psychologist ☐ Psychiatric nurse ☐ Social worker
☐ Other (please specify) _____ ☐ Not Sure

2. I received mental health services because:

☐ I asked for help ☐ A staff person suggested that I get help
☐ Other (please specify) _____ ☐ Not Sure

3. When I needed an appointment, I could see my mental health providers soon enough for my needs.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

4. My mental health providers were responsible and professional.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

5. My mental health providers knew how HIV affects my mental health.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

6. I found it hard to talk to my mental health providers.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

7. I felt comfortable sharing my feelings and problems with my mental health providers.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

8. My mental health providers didn't seem to care how I was feeling.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

9. I wanted my mental health providers to spend more time with me to help me deal with my problems.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

10. I wanted to be more involved in making decisions about my mental health treatment.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

11. My mental health providers involved my family and friends in my mental health treatment as much as I wanted.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

12. I felt I would get in trouble if I disagreed with or complained about my mental health providers.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

13. My mental health providers and my HIV medical providers worked together to help me.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

14. I wanted to have more time in *group* therapy to meet my needs.

☐ Yes ☐ No ☐ Does Not Apply

15. I needed more information about the purpose of my psychiatric medications and their side effects.

☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree ☐ Does Not Apply

16. My providers explained to me in a way I could understand how my psychiatric medications interact with my HIV medications.

☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree ☐ Does Not Apply

17. Overall, I felt better as a result of my mental health treatment.

☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree

18. If I knew someone who was HIV-positive and had mental health problems, I would refer her or him to this program for help.

☐ Definitely Yes ☐ Maybe ☐ Definitely Not ☐ Not Sure

19. Overall, I am satisfied with the mental health services I received over the past 12 months.

☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree

20. What would you change to make mental health services better for yourself and other clients?

Women's Health Care Module

Did you receive women's health care services here in the last year?

☐ Yes ☐ No

If "Yes," please complete this section. If "No," please skip this section.

This section is about the women's health care services you received here. Please answer these questions based on your experiences over the last 12 months. If you have been coming here for less than 12 months, answer the questions based on your experiences since you started coming here.

Definition of Terms

Women's Health Providers: obstetrician, gynecologist, physician's assistants, nurse practitioners or nurses who provided you with women's medical care.

In the last 12 months...

1. It was difficult for me to get an appointment with my women's health providers for a date and time I wanted.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

2. My women's health providers were responsible and professional.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

3. My women's health providers knew about the latest medical developments for women with HIV.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

4. I found it hard to talk to my women's health providers.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

5. I felt comfortable talking to my women's health providers about my sex life.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

6. My women's health providers explained to me what was going to be done during the physical exam.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

7. I wanted to be more involved in making decisions about my care.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

8. I felt I would get in trouble if I disagreed with or complained about my women's health providers.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

9. The clinic provided adequate child care during my appointments.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

10. My women's health care providers and my HIV medical providers worked together to help me.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

11. I had questions about using or getting birth control, but my women's health providers did not answer them in a way I could understand.

☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree ☐ Does Not Apply

12. I had questions about pregnancy and prenatal care, but my women's health providers did not answer them in a way I could understand.

☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree ☐ Does Not Apply

13. I had questions about menopause, but my women's health providers did not answer them in a way I could understand.

☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree ☐ Does Not Apply

14. My women's health providers helped me understand the differences between symptoms of normal aging, HIV symptoms, and side effects of medication.

☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree ☐ Does Not Apply

15. My women's health providers screened me for sexually transmitted diseases.

☐ Yes ☐ No ☐ Not Sure ☐ Does Not Apply

16. Overall, my women's health care has helped me.

☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree ☐ Does Not Apply

17. If I knew a woman who was HIV-positive and needed medical care, I would refer her to this program.

☐ Definitely Yes ☐ Maybe ☐ Definitely Not ☐ Not Sure

18. Overall, I am satisfied with the women's health care I received over the past 12 months.

☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree

19. What would you change to make the women's health care program better for yourself and other women?

Medicaid Managed Care Module

Are you enrolled in a Medicaid managed care plan?

☐ Yes ☐ No

If "Yes," please complete this section. If "No," please skip this section.

This section is about your experiences with your Medicaid managed care plan. The following questions focus on your satisfaction with the plan itself and not on the quality of the medical care you receive. Please answer these questions based on your experiences over the last 12 months. If you have been in this managed care plan for less than 12 months, answer the questions based on your experiences with the plan so far.

Definition of Terms

Medicaid Managed Care Plan: the agency or company that coordinates your Medicaid services.

1. The Medicaid managed care plan I am enrolled in is specifically for people who are HIV-positive.

☐ Yes ☐ No ☐ Not Sure

2. Someone explained my Medicaid managed care plan to me in a way I could understand.

☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree ☐ Does Not Apply

3. I was discouraged from joining this managed care plan because I was HIV-positive.

☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree ☐ Does Not Apply

In the last 12 months...

4. The written materials about my plan and its benefits were difficult to understand.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

5. When I had a complaint, my plan took it seriously.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

6. My plan was good at making sure that my children's health care and my HIV-positive partner's health care were covered.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

7. I wanted to see a doctor that was outside of my plan.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

8. I wanted a service that was not covered by my plan.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

9. It was difficult to get referrals to specialists in my plan.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

10. I had difficulty getting the HIV care I needed.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

11. I had to go to an emergency room to get care.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

12. My plan covered mental health services as much as I needed.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

13. My plan covered alcohol and drug use treatment as much as I needed.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

14. My plan protected my confidentiality.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

15. I considered changing from this plan to another one.

☐ All of the Time ☐ Most Times ☐ Sometimes ☐ Rarely ☐ Never ☐ Does Not Apply

16. My HIV care improved after switching to a managed care plan.

☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree

17. If I knew someone who was HIV-positive and on Medicaid, I would recommend this plan to him or her.

☐ Definitely Yes ☐ Maybe ☐ Definitely Not ☐ Not Sure

18. Overall, I was satisfied with this Medicaid managed care plan during the past 12 months.

☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree

19. What would you change to make the plan better for yourself and others?

Encuesta de Satisfacción de Pacientes de Centros Ambulatorios de Servicios Médicos para el VIH

Después de cada frase o pregunta, por favor marque el cuadrado que mejor describe su respuesta u opinión. Por favor marque sólo un cuadrado por pregunta, a no ser que hayan otras instrucciones.

Si una frase no le aplica a usted porque a usted no le pasó la situación descrita, o no necesitó o recibió un servicio, por favor marque “no aplica.”

Por favor responda a las preguntas basadas en sus experiencias durante el último año (doce meses). Si usted ha estado viniendo aquí por menos de 12 meses, responda a las preguntas basadas en sus experiencias desde que usted empezó a venir aquí.

Definición de Términos

Empleados: personas que no son médicos (como la recepcionista) que usted ve cuando viene a una visita.

Proveedores: los médicos, asistentes de médico, o enfermeras que les dan servicio médico.

Sus respuestas a preguntas sobre proveedores deben expresar su sentimiento general sobre todas las personas que le han dado atención médica durante el último año.

Sus respuestas se mantendrán completamente anónimas, así que por favor díganos todo lo que piensa.

1. He recibido cuidado médico aquí . . .

☐ por menos de un año ☐ entre uno y dos años ☐ entre tres y cinco años ☐ más de cinco años

2. Mi última visita aquí fue hace . . .

☐ menos de un mes ☐ entre uno y dos meses ☐ entre tres y seis meses ☐ más de seis meses

3. Yo clasificaría mi salud hoy como . . .

☐ mal ☐ regular ☐ bien ☐ muy bien ☐ excelente

Acceso A Los Servicios Médicos Para El VIH (En los últimos doce meses...)

4. ¿Alguna vez llamó a la clínica para hacer una cita o hablar con alguien sobre su cuidado médico?

☐ Sí ☐ No (Si contesta no, vaya directo a la pregunta 5)

Si su respuesta fue sí, cómo le fue cuando llamó a la clínica? (por favor marque todas las respuestas que apliquen):

- | | |
|--|--|
| <input type="checkbox"/> El teléfono estaba ocupado | <input type="checkbox"/> La persona que contestó el teléfono no fue amistosa |
| <input type="checkbox"/> Me pusieron en espera mucho tiempo | <input type="checkbox"/> Hablé con varias personas antes de hablar con la persona que necesitaba |
| <input type="checkbox"/> Me desconectaron la llamada | <input type="checkbox"/> No me gusta llamar porque una máquina siempre responde |
| <input type="checkbox"/> Dejé un mensaje y nadie me contestó la llamada | <input type="checkbox"/> Recibí la ayuda que necesitaba |
| <input type="checkbox"/> El teléfono sonó muchas veces antes de que lo contestaran | <input type="checkbox"/> Otra cosa _____ |

5. Cuando necesitaba una cita, generalmente podía hacerla bastante pronto para mis necesidades.

- ☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

6. Mis proveedores me dijeron lo importante que era que yo mantuviera mis citas.

- ☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

7. Si necesitaba atención médica durante la noche o los fines de semana, generalmente podía conseguir a alguien de la clínica que me podía ayudar.

- ☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

8. Cuando tenía una pregunta médica, podía hablar con alguien por teléfono acerca de mi pregunta.

- ☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

Esperando Por La Cita Para Ver Al Médico (En los últimos doce meses...)

9. Cuando me presenté para la visita médica y esperé, los empleados no fueron amables conmigo.

- ☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

10. Habían folletos educacionales acerca del VIH que yo podía leer.

- ☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

11. Yo he estado frustrado por el tiempo que he tenido que esperar por las visitas.

- ☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

La Visita Médica Del VIH (En los últimos doce meses...)

12. Cuando veía a mis proveedores, las visitas fueron interrumpidas (por llamadas telefónicas, por otros pacientes, etc.).

- ☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

13. Mis proveedores se aseguraban de que yo entendía mis resultados de laboratorio (como mi CD4 y nivel viral) y lo que significaban para mi salud.

- ☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

14. Yo quise que mis proveedores tomaran mas tiempo conmigo.

- ☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

15. Tuve preguntas que quería hacerle a mis proveedores sobre mi cuidado para el VIH pero no las hice.

- ☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

16. Me sentí incomodo hablando sobre asuntos personales e íntimos con mis proveedores.

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

17. Yo quise participar mas en decisiones sobre mi tratamiento.

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

18. Si tenía una queja acerca de mi cuidado médico, mis proveedores la ignoraban.

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

19. Cuando hacía preguntas acerca de mi cuidado para el VIH, era difícil entender las respuestas de mis proveedores.

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

20. He encontrado que mis proveedores aceptan y no juzgan mi modo de vida y mis preferencias de cuidados médicos.

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

21. Fue difícil llenar las recetas para las medicinas para el VIH cuando las necesitaba.

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

22. Mis proveedores me explicaron los efectos secundarios de mis medicamentos para el VIH en una forma que yo pude entender.

☐ Sí ☐ No ☐ No Seguro

23. Mis proveedores me sugirieron formas para ayudarme a recordar tomar mis medicamentos para el VIH.

☐ Sí ☐ No ☐ No Seguro

24. Mis proveedores me explicaron que tipo de exámenes médicos debía hacerme y con que frecuencia.

☐ Sí ☐ No ☐ No Seguro

25. Mis proveedores me explicaron como prevenir enfermedades.

☐ Sí ☐ No ☐ No Seguro

26. Mis proveedores me explicaron como evitar transmitir el VIH a otras personas y como protegerme de una re-infección del VIH.

☐ Sí ☐ No ☐ No Seguro

27. Mis proveedores me explicaron como protegerme para evitar infectarme con la Hepatitis C y para no transmitirla a otras personas si ya la tenía.

☐ Sí ☐ No ☐ No Seguro

Referidos (En los últimos doce meses...)

28. Mis proveedores o trabajadores sociales me preguntaron sobre la situación de mi vida (mi vivienda, mi situación económica, etc.) y me refirieron a los servicios apropiados si necesitaba ayuda.

☐ Sí ☐ No ☐ No Seguro

29. Mis proveedores o trabajadores sociales me preguntaron como me sentía emocionalmente y me refirieron a un proveedor de servicios de salud mental, un consejero o un grupo de apoyo si necesitaba ayuda.

☐ Sí ☐ No ☐ No Seguro

30. Mis proveedores me preguntaron acerca de mi dentadura y me refirieron a un dentista si lo necesitaba.

☐ Sí ☐ No ☐ No Seguro

31. Mis proveedores me preguntaron como yo estaba comiendo y me refirieron a un nutricionista si necesitaba ayuda.

☐ Sí ☐ No ☐ No Seguro

32. Mis proveedores me preguntaron si necesitaba ayuda para decirle a mis compañeros sexuales sobre mi estado de VIH y me refirieron a servicios si necesitaba ayuda.

☐ Sí ☐ No ☐ No Seguro

33. Mis proveedores me preguntaron acerca de mi uso de drogas y alcohol y me refirieron a servicios si necesitaba ayuda (responda a esta pregunta solamente si usted no está recibiendo servicios en un centro de tratamiento de drogas).

☐ Sí ☐ No ☐ No Seguro

34. Pude conseguir los servicios a los cuales mis proveedores me refirieron.

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

35. Si hubieron ocasiones cuando no recibió los servicios a los cuales fue referido, por favor describa las razones:

Calidad De La Atencion Médica Del VIH (En los últimos doce meses...)

36. Yo calificaría el conocimiento de mis proveedores sobre los nuevos tratamientos e investigaciones científicas del VIH como . . .

☐ Excelente ☐ Muy bueno ☐ Promedio ☐ Regular ☐ Malo ☐ No seguro

37. Cuando yo pienso acerca de mi atención médica en esta clínica, éstas son las palabras que vienen a mi mente (marque todas las que apliquen):

☐ Excelente ☐ Adecuada ☐ Terrible ☐ OK ☐ Pobre ☐ Ocupada ☐ Personal ☐ Cuidadosa ☐ Amistosa
☐ Segura ☐ Apresurada ☐ Impersonal ☐ Fría ☐ Afectuosa ☐ Digna ☐ Respetuosa ☐ Humillante
☐ Daba Miedo ☐ Comprensiva ☐ Otra cosa (por favor escríbelo) _____

38. Yo calificaría la calidad de los servicios en esta clínica en comparación a otras clínicas que yo conozco como...

☐ Mucho mejor ☐ Mejor ☐ Igual ☐ Peor ☐ Mucho peor ☐ No seguro

39. Yo recomendaría esta clínica a mis amigos que ser VIH positivo y que tienen necesidades similares a las mías...

☐ Definitivamente sí ☐ Quizás ☐ Definitivamente no ☐ No seguro

40. ¿En algún momento, usted se sintió mal tratado en esta clínica?

☐ Sí ☐ No (si su respuesta es no, siga a la pregunta 41)

Si su respuesta es sí, por favor ayúdenos a entender el porqué, marcando cualquiera de las razones que usted crea que han sido la causa del mal trato.

Mi raza ☐ Sí ☐ No

Mi edad ☐ Sí ☐ No

Mi sexo ☐ Sí ☐ No

Mi orientación sexual ☐ Sí ☐ No

Mi uso de drogas ☐ Sí ☐ No ☐ Yo no estoy usando drogas

Mi estado de inmigración ☐ Sí ☐ No

Mi dificultad hablando inglés ☐ Sí ☐ No

☐ Otra razón (por favor, especifique) _____

41. Yo conseguí servicios en el idioma que yo quise.

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

42. A veces no recibí el cuidado médico que necesité porque no pude pagarlo.

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

43. He pensado dejar esta clínica para buscar mejor cuidado médico en otro lugar.

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

44. Los empleados y mis proveedores han mantenido mi estado de VIH confidencial.

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

Mejoras

45. ¿Qué usted añadiría o cambiaría para hacer esta clínica un lugar mejor para usted y otros pacientes?

46. ¿Hay algo más que usted quisiera decir acerca de su cuidado médico del VIH en esta clínica?

Un Poco De Información Sobre Usted

Estamos haciendo éstas preguntas para asegurar que estamos escuchando las opiniones de todos los tipos de pacientes.

47. Tengo familia, amigos o profesionales que me dan mucho apoyo.

☐ Completamente de acuerdo ☐ De acuerdo ☐ No de acuerdo ☐ Completamente no de acuerdo

48. Soy . . .

☐ mujer ☐ hombre ☐ transgénero (hombre a mujer) ☐ transgénero (mujer a hombre)

49. Mi orientación sexual es . . .

☐ heterosexual ☐ lesbiana/homosexual ☐ bisexual ☐ no seguro

50. Mi raza/origen étnico es . . . (por favor escoja todos los que aplican)

☐ Afro-Americano/Negro ☐ Hispano/Latino ☐ Asiático /de las Islas del Pacífico ☐ Nativo Americano/Nativo Alaska
☐ Blanco ☐ Otra (por favor, especifique) _____

51. Mi edad es . . .

☐ menos de 20 ☐ 20 a 29 ☐ 30 a 39 ☐ 40 a 49 ☐ 50 a 59 ☐ 60 a 69 ☐ 70 o más

52. Estoy llenando esta encuesta. . .

☐ solo, sin ayuda ☐ con alguna ayuda de los empleados de la clínica
☐ con alguien leyéndome las preguntas y llenando la encuesta basado en mis respuestas

Gracias por tomar el tiempo para completar esta encuesta.

Pueden haber páginas adicionales donde le preguntamos acerca de los servicios sociales, servicios de tratamiento de uso de drogas, servicios de salud mental, servicios de salud de mujeres, y de "Medicaid managed care" (manejo del programa de asistencia médica)

Por favor devuelva la encuesta a la persona o al lugar indicado por la clínica.

Seccion de Servicios Sociales

¿Recibió servicios sociales aquí en el último año?

☐ Sí ☐ No

Si su respuesta fué sí, por favor complete esta sección de la encuesta. Si su respuesta fue no, no complete esta sección.

Esta sección se trata de los servicios sociales que usted ha recibido aquí. Por favor conteste estas preguntas basadas en sus experiencias en los últimos doce meses. Si usted ha estado viniendo aquí por menos de 12 meses, responda a las preguntas basadas en sus experiencias desde que usted empezó a venir aquí.

Definición de Términos

Trabajador social: "case manager" (manejador de casos), "case technician" (tecnico de casos), o su trabajador social quien le ha dado a usted los servicios sociales.

En los últimos doce meses...

1. Recibí servicios sociales aquí de (por favor marque todos lo que aplican):

☐ un "case manager" ☐ un trabajador social ☐ un consejero para uso de drogas ☐ una enfermera
☐ otra persona (por favor especifique) _____ ☐ no seguro

2. Mi trabajador social revisó mi plan de servicio y lo puso al día conmigo cada 3 meses.

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

3. Cuando necesité una cita, yo pude ver a mi trabajador social tan pronto como yo la necesité:

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

4. Mi trabajador social me ayudó a conseguir servicios aquí y en otros lugares si lo necesitaba.

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

5. Mi trabajador social pudo trabajar rapidamente para conseguir lo que yo necesitaba.

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

6. Mi trabajador social fué muy buena en enseñarme como ayudarme a mi mismo.

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

7. Mi trabajador social fue responsable y profesional.

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

8. Encontré difícil hablar con mi trabajador social.

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

9. Me sentí cómodo compartiendo mis sentimientos y problemas con mi trabajador social.

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

10. Yo quise que mi trabajador social pasara más tiempo conmigo para ayudarme a resolver mis problemas.

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

11. Yo quise estar más envuelto en hacer decisiones sobre mi plan de servicio y mis metas.

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

12. Mi trabajador social envolvió a mi familia y amigos en mi caso todo lo que yo quería

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

13. Pensé que tendría problemas si no estaba de acuerdo o me quejaba de mi trabajador social.

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☒ Nunca ☐ No Aplica

14. En general, mi vida anduvo mejor por la ayuda que recibí de mi trabajador social.

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

15. Mi trabajador social y mi proveedor de tratamiento médico de VIH trabajaron juntos para ayudarme.|||||||

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

16. Si yo conociera a alguien con el VIH y que necesitará un trabajador social, yo lo referiría a este programa para ayuda.

☐ Definitivamente Sí ☐ Quizás ☐ Definitivamente No ☐ No Estoy Seguro

17. En general, estoy satisfecho con los servicios sociales que recibí durante los últimos doce meses.

☐ Completamente No De Acuerdo ☐ No De Acuerdo ☐ De Acuerdo ☐ Completamente De Acuerdo

18. ¿Qué cambiaría para mejorar este programa de servicios sociales para usted y otros clientes?

Sección de Tratamiento de uso de Drogas en Consulta Externa

¿Recibió servicios de tratamiento para uso de drogas aquí en el último año?:

☐ Sí ☐ No

Si su respuesta fue sí, por favor complete esta sección de la encuesta.

Si su respuesta fue no, no complete esta sección.

Esta sección se trata de los servicios que usted recibió aquí para el tratamiento del uso de alcohol y drogas. Por favor conteste estas preguntas basadas en sus experiencias en los últimos doce meses. Si usted ha estado viniendo aquí por menos de 12 meses, responda a las preguntas basadas en sus experiencias desde que usted empezó a venir aquí.

En los últimos doce meses...

1. Cuando necesité una cita, yo pude ver a mis consejeros para uso de drogas tan pronto como los necesité.

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

2. Mis consejeros para uso de drogas fueron responsables y profesionales.

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

3. Mis consejeros para uso de drogas sabían del VIH así como el uso de drogas.

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

4. Encontré difícil relacionarme con mis consejeros para uso de drogas.

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

5. Las reglas del programa fueron impuestas justamente por los empleados.

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

6. Pensé que tendría problemas si no estaba de acuerdo o me quejaba de mis consejeros para uso de drogas.

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

7. Deseé que las clases vocacionales y educacionales me hubieran enseñado más de como cuidarme.

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

8. Tenía miedo de ser visto ir a los servicios del VIH en la clínica.

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

9. Mi consejero para el uso de drogas, y mis proveedores de servicios médicos para el VIH trabajaron juntos para ayudarme.

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

10. Yo quise más tiempo en terapia *de grupo* para atender mis necesidades.

☐ Sí ☐ No ☐ No Aplica

11. Yo quise más tiempo en terapia *individual* para atender mis necesidades.

☐ Sí ☐ No ☐ No Aplica

12. Si comencé a usar drogas otra vez, mis consejeros para el uso de drogas explicaron como reducir el daño del uso de drogas.

☐ Sí ☐ No ☐ No Aplica

13. Si lo necesité, mis consejeros para el uso de drogas me ayudaron a entrar en un centro residencial de tratamiento para uso de drogas.
- ☐ Sí ☐ No ☐ No Aplica
14. Mis consejeros para uso de drogas comprendieron el estado de mi recuperación, y me ayudaron a reducir o eliminar mi uso de drogas.
- ☐ Sí ☐ No ☐ No estoy seguro ☐ No Aplica
15. Mis consejeros para el uso de drogas me explicaron, en forma que podía entender, como mi tratamiento para el uso de drogas o alcohol (por ejemplo, la metadona) y mis medicamentos par el VIH podrian interactuar.
- ☐ Completamente No De Acuerdo ☐ No De Acuerdo ☐ De Acuerdo ☐ Completamente De Acuerdo ☐ No Aplica
16. Mis consejeros para el uso de drogas me ayudaron a lograr las metas de mi plan de tratamiento para el uso de drogas.
- ☐ Completamente No De Acuerdo ☐ No De Acuerdo ☐ De Acuerdo ☐ Completamente De Acuerdo
- ☐ Yo no tenía un plan tratamiento
17. Clientes deberían haber recibido más ayuda en la transición al terminar el programa.
- ☐ Completamente No De Acuerdo ☐ No De Acuerdo ☐ De Acuerdo ☐ Completamente De Acuerdo
- ☐ No Estoy Seguro
18. El programa me ayudó a sentirme mejor conmigo mismo.
- ☐ Completamente No De Acuerdo ☐ No De Acuerdo ☐ De Acuerdo ☐ Completamente De Acuerdo
19. El programa me ayudó a reducir mi uso de drogas o alcohol.
- ☐ Completamente No De Acuerdo ☐ No De Acuerdo ☐ De Acuerdo ☐ Completamente De Acuerdo
20. Si yo conociera a alguien con VIH y que tuviera un problema con el uso de drogas o alcohol, yo lo referiría a este programa para ayuda.
- ☐ Definitivamente Sí ☐ Quizás ☐ Definitivamente No ☐ No Estoy Seguro
21. En general, estoy satisfecho con los servicios de tratamiento de drogas que recibí durante los últimos doce meses.
- ☐ Completamente No De Acuerdo ☐ No De Acuerdo ☐ De Acuerdo ☐ Completamente De Acuerdo
22. Por favor, conteste esta pregunta solamente si usted está en un programa de mantenimiento de metadona: La línea de distribución era muy larga.
- ☐ Todo el tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica
23. ¿Qué cambiaría para mejorar el programa de tratamiento de drogas para usted y otros clientes?

Sección de Servicios de Salud Mental

¿Recibió servicios de salud mental aquí en el último año?:

☐ Sí ☐ No

Si su respuesta fue sí, por favor complete esta sección de la encuesta.

Si su respuesta fue no, no complete esta sección.

Esta sección de la encuesta se trata de los servicios de salud mental que usted recibe aquí. Por favor conteste estas preguntas basadas en sus experiencias en los últimos doce meses. Si usted ha estado viniendo aquí por menos de 12 meses, responda a las preguntas basadas en sus experiencias desde que usted empezó a venir aquí.

Definición de Términos

Proveedor de servicio de salud mental: terapeuta, psiquiatra, psicólogo, enfermero, trabajador social, o cualquier otro profesional con licencia que le ofrece a usted servicios de salud mental.

Servicios de salud mental: terapia individual, terapia en grupo, o el recetar medicamentos psiquiátricos.

En los últimos doce meses...

1. Recibí servicios de salud mental aquí de (por favor marque todos lo que aplican):

☐ un psiquiatra ☐ un psicólogo ☐ un enfermero de psiquiatría ☐ un trabajador social
☐ otra persona (por favor especifique)_____ ☐ no seguro

2. Recibí servicios de salud mental porque:

☐ yo pedí ayuda ☐ un trabajador aquí recomendo que yo recibiera ayuda
☐ otra razón (por favor especifique)_____ ☐ no seguro

3. Cuando necesité una cita, yo pude ver a mis proveedores de servicios de salud mental tan pronto como yo los necesité.

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

4. Mis proveedores de servicios de salud mental fueron responsables y profesionales.

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

5. Mis proveedores de servicios de salud mental sabían como el VIH afecta mi salud mental.

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

6. Encontré difícil hablar con mis proveedores de servicios de salud mental.

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

7. Me sentí cómodo compartiendo mis sentimientos y problemas con mis proveedores de servicios de salud mental.

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

8. A mis proveedores no parecía importarles como me sentía.

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

9. Yo quise que mis proveedores de servicios de salud mental tomaran más tiempo conmigo para ayudarme a resolver mis problemas.
- ☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica
10. Yo quise participar más en hacer decisiones sobre el tratamiento de mi salud mental.
- ☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica
11. Mis proveedores de servicios de salud mental involucraron a mi familia y amigos en el tratamiento de mi salud mental todo lo que yo quería.
- ☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica
12. Pensé que tendría problemas si no estaba de acuerdo o me quejaba de mis proveedores de servicios de salud mental.
- ☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica
13. Mis proveedores de servicios de salud mental y mi proveedor de tratamiento médico de VIH trabajaron juntos para ayudarme.
- ☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica
14. Yo quise más tiempo en terapia *de grupo* para atender mis necesidades.
- ☐ Sí ☐ No ☐ No Aplica
15. Yo necesitaba más información sobre el objetivo de mis medicamentos psiquiátricos y sus efectos secundarios.
- ☐ Completamente No De Acuerdo ☐ No De Acuerdo ☐ De Acuerdo ☐ Completamente De Acuerdo ☐ No Aplica
16. Mis proveedores de servicios de salud mental me explicaron en una forma que yo podía entender como mis medicamentos psiquiátricos interactúan con mis medicamentos para el VIH.
- ☐ Completamente No De Acuerdo ☐ No De Acuerdo ☐ De Acuerdo ☐ Completamente De Acuerdo ☐ No Aplica
17. En general, me sentí mejor como resultado del tratamiento de mi salud mental.
- ☐ Completamente No De Acuerdo ☐ No De Acuerdo ☐ De Acuerdo ☐ Completamente De Acuerdo
18. Si yo conociera a alguien con el VIH y problemas de salud mental, yo lo referiría a este programa para ayuda.
- ☐ Definitivamente Sí ☐ Quizás ☐ Definitivamente No ☐ No Estoy Seguro
19. En general, estoy satisfecho con los servicios de salud mental que he recibido durante los últimos doce meses.
- ☐ Completamente No De Acuerdo ☐ No De Acuerdo ☐ De Acuerdo ☐ Completamente De Acuerdo
20. ¿Qué cambiaría para mejorar los servicios de salud mental para usted y otros clientes?

Seccion de Servicios de Salud de Mujeres

¿Recibió servicios de salud de mujeres aquí en el último año?:

☐ Sí ☐ No

Si su respuesta fue sí, por favor complete esta sección de la encuesta.

Si su respuesta fue no, no complete esta sección.

Esta sección es acerca de los servicios de salud de mujeres que usted recibió aquí. Por favor responda a estas preguntas basadas en sus experiencias en los últimos doce meses. Si usted ha estado viniendo aquí por menos de 12 meses, responda a las preguntas basadas en sus experiencias desde que usted empezó a venir aquí.

Definición de Términos

Proveedor de salud de mujeres: obstetra, ginecólogo, asistente médico o los enfermeros que le han dado a usted los servicios de salud de mujeres.

En los últimos doce meses...

1. Me fué difícil conseguir una cita con mis proveedores de salud de mujeres para el día y la hora que yo quería.
☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica
2. Mis proveedores de servicios de salud de mujeres fueron responsables y profesionales.
☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica
3. Mis proveedores de servicios de salud de mujeres sabían acerca de los últimos conocimientos médicos en el VIH en mujeres.
☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica
4. Encontré difícil hablar con mis proveedores de servicios de salud de mujeres.
☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica
5. Me sentí cómoda hablando con mis proveedores de servicios de salud de mujeres acerca de mi vida sexual.
☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica
6. Mis proveedores de servicios de salud de mujeres me explicaron lo que me iban a hacer durante el examen físico.
☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica
7. Yo quise participar más en hacer decisiones sobre mi cuidado médico.
☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica
8. Pensé que tendría problemas si no estaba de acuerdo o me quejaba de mis proveedores de servicios de salud de mujeres.
☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica
9. La clínica ofrecía cuidado adecuado para los niños durante mis citas.
☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

DIS-325
P04

10. Mis proveedores de servicios de salud de mujeres y mis proveedores de tratamiento médico de VIH trabajaron juntos para ayudarme.

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

11. Tuve preguntas sobre el uso y como conseguir anticonceptivos, pero mis proveedores de servicios de salud de mujeres no contestaron en una forma que yo pude entender.

☐ Completamente No De Acuerdo ☐ No De Acuerdo ☐ De Acuerdo ☐ Completamente De Acuerdo ☐ No Aplica

12. Tuve preguntas sobre el embarazo y el cuidado prenatal, pero mis proveedores de servicios de salud de mujeres no contestaron en una forma que yo pude entender.

☐ Completamente No De Acuerdo ☐ No De Acuerdo ☐ De Acuerdo ☐ Completamente De Acuerdo ☐ No Aplica

13. Tuve preguntas sobre la menopausia, pero mis proveedores de servicios de salud de mujeres no contestaron en una forma que yo pude entender.

☐ Completamente No De Acuerdo ☐ No De Acuerdo ☐ De Acuerdo ☐ Completamente De Acuerdo ☐ No Aplica

14. Mis proveedores de servicios de salud de mujeres me ayudaron a entender las diferencias entre los síntomas del envejecimiento normal, del VIH, y los efectos secundarios de las medicinas.

☐ Completamente No De Acuerdo ☐ No De Acuerdo ☐ De Acuerdo ☐ Completamente De Acuerdo ☐ No Aplica

15. Mis proveedores de servicios de salud de mujeres me hicieron pruebas para enfermedades transmitidas sexualmente.

☐ Sí ☐ No ☐ No estoy segura ☐ No Aplica

16. En general, los servicios de salud de mujeres que he recibido me han ayudado.

☐ Completamente No De Acuerdo ☐ No De Acuerdo ☐ De Acuerdo ☐ Completamente De Acuerdo ☐ No Aplica

17. Si yo conociera a una mujer con el VIH y que necesitara servicios médicos, yo la referiría a este programa.

☐ Definitivamente Sí ☐ Quizás ☐ Definitivamente No ☐ No Estoy Seguro

18. En general, estoy satisfecha con los servicios de salud de mujeres que he recibido durante los últimos doce meses.

☐ Completamente No De Acuerdo ☐ No De Acuerdo ☐ De Acuerdo ☐ Completamente De Acuerdo

19. ¿Qué cambiaría para mejorar el programa de servicios de salud mujeres para usted y otras mujeres?

Sección de "Medicaid Managed Care" (Manejo del Programa de Asistencia Médica)

¿Está inscrito en un plan de "Medicaid managed care?"

☐ Sí ☐ No

Si su respuesta fue sí, por favor complete esta sección de la encuesta.

Si su respuesta fue no, no complete esta sección.

Esta sección se trata de sus experiencias con su plan de "Medicaid managed care." Las siguientes preguntas se tratan de su satisfacción con el plan en si, y no con la calidad de los servicios médicos que usted recibe. Por favor conteste estas preguntas basadas en sus experiencias en los últimos doce meses. Si lleva inscrito en este plan menos de doce meses, responda a las preguntas basadas en sus experiencias con el plan hasta ahora.

Definición de Términos

El plan de "Medicaid managed care" es la agencia o compañía que coordina los servicios que usted recibe a través de Medicaid.

1. Mi plan de "Medicaid managed care" es específicamente para personas que son VIH-positivas.

☐ Si ☐ No ☐ No Seguro

2. Alguien me explicó mi plan de "Medicaid managed care" en una forma que yo pude entender.

☐ Completamente No De Acuerdo ☐ No De Acuerdo ☐ De Acuerdo ☐ Completamente De Acuerdo ☐ No Aplica

3. Me desanimaron de que me uniera a este plan de "managed care" por que yo era VIH-positivo.

☐ Completamente No De Acuerdo ☐ No De Acuerdo ☐ De Acuerdo ☐ Completamente De Acuerdo ☐ No Aplica

En los últimos doce meses...

4. Los materiales escritos acerca de mi plan y sus beneficios eran difíciles de entender.

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

5. Cuando yo tenía una queja, mi plan lo tomaba seriamente.

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

6. Mi plan fué bueno en asegurar que los cuidados médicos de mis hijos y mi compañero VIH-positivo estaban cubiertos.

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

7. Yo quise ver a un médico que estaba fuera de mi plan.

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

8. Yo quise un servicio que no estaba cubierto por mi plan.

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

9. Fué difícil ser referido a especialitas en mi plan.

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

10. Tuve dificultad en recibir el cuidado médico para el VIH que necesitaba.

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

11. Tuve que ir a una sala de emergencias para recibir servicios.

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

12. Mi plan cubrió todos los servicios de salud mental que yo necesitaba.

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

13. Mi plan cubrió todos los servicios de tratamiento de uso de drogas o alcohol que yo necesitaba.

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

14. Mi plan protegió mi confidencialidad.

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

15. Yo consideré cambiar de este plan para otro.

☐ Todo El Tiempo ☐ La mayoría del tiempo ☐ Algunas veces ☐ Casi Nunca ☐ Nunca ☐ No Aplica

16. Mi servicio médico de VIH mejoró después de cambiar al plan de managed care.

☐ Completamente No De Acuerdo ☐ No De Acuerdo ☐ De Acuerdo ☐ Completamente De Acuerdo

17. Si yo conociera a alguien VIH positivo y que recibe Medicaid, yo le recomendaría este plan.

☐ Definitivamente Sí ☐ Quizás ☐ Definitivamente No ☐ No Estoy Seguro

18. En general, yo estuve satisfecho con este plan de "Medicaid managed care" durante los últimos doce meses.

☐ Completamente No De Acuerdo ☐ No De Acuerdo ☐ De Acuerdo ☐ Completamente De Acuerdo

19. ¿Qué cambiaría para mejorar el plan para usted y para otros?

Notes

Notes

Notes

